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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009<br/>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>   |  | Docket Number (Optional)<br>21392/1212794-US1 |
|---|--|---|
| Application Number  | 10/589,726-Conf. #9649                 | Filed November 6, 2008                        |
| For CELL-PENETRATING SOCS POLYPEPTIDES THAT INHIBIT CYTOKINE-INDUCED SIGNALING  |  |   |
| Art Unit 1647   | Examiner                               | Bridget E. Bunner                             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |   |
|   | <u>Fee</u>                             | <u>Small Entity Fee</u>                       |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                                  | \$65  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                                  | \$245   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                                 | \$555   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                                 | \$865   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                                 | \$1175  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . |  |   |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b><br>Provide credit card information and authorization on PTO-2038.  |  |   |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,455</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |  |   |
| <u>/Carol E. Thorstad Forsyth/</u>  |  | <u>September 4, 2009</u>                      |
| <u>Signature</u>  |  | <u>Date</u>                                   |
| <u>Carol E. Thorstad Forsyth</u>  |  | <u>(212) 527-7700</u>                         |
| <u>Typed or printed name</u>  |  | <u>Telephone Number</u>                       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |   |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted. |   |